



VISA Balance Transfer Request

Transfer your high-rate credit card and loan balances to your East County Schools FCU VISA. The requested transfers cannot exceed your established VISA credit limit. Please complete the necessary information requested below and return this form to the credit union via mail, fax 619-588-2197 or email to memberservices@eastcountyschools.org. We will send your payment directly to the creditor(s) listed.

Note: Transfers and balance payoffs will not result in closure of your other credit cards and loans. You are responsible to notify the financial institution directly to request the account to be closed. Transfers will not be initiated in excess of your credit limit established with East County Schools Federal Credit Union.

Please return this request to: East County Schools Federal Credit Union
 1069 Graves Avenue, Suite 100
 El Cajon, CA 92021

#1 Balance Transfer to be made to:	#2 Balance Transfer to be made to:	#3 Balance Transfer to be made to:
_____ Name on Credit Card	_____ Name on Credit Card	_____ Name on Credit Card
_____ Credit Card Financial Institution	_____ Credit Card Financial Institution	_____ Credit Card Financial Institution
_____ Credit Card Account Number	_____ Credit Card Account Number	_____ Credit Card Account Number
_____ Address for Payment	_____ Address for Payment	_____ Address for Payment
_____ City / State / Zip	_____ City / State / Zip	_____ City / State / Zip
\$ _____ Amount of Transfer	\$ _____ Amount of Transfer	\$ _____ Amount of Transfer

I hereby authorize East County Schools Federal Credit Union to advance my ECSFCU VISA credit card account for the amounts listed above and submit payment to the financial institutions directly on my behalf.

Member Name

Member Number

Member Signature

Date

Credit Union Use Only	
Check # _____	Amount \$ _____
Check # _____	Amount \$ _____
Check # _____	Amount \$ _____
Processed by _____	Date _____